

SEC 1972 (6-02)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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SEC USE ONLY				
Prefix	Serial			
DATE REC	CEIVED			

	UNIFORM	LIMITED OFFER	RING EXEMI	PTION L	
Name of Offering (check if the SunStar Financial	his is an amendment a	and name has changed, and in	dicate change.)		
Filing Under (Check box(es) that ap		4 Rule 505 Rule 50	6 Section 4(6)	☐ ULOE	395161
		A. BASIC IDENTIFICAT	ION DATA		
1. Enter the information requeste					
Name of Issuer (check if this SunStar Financial		name has changed, and indic	ate change.)		
Address of Executive Offices 1033 N. Fairfax St	reet, ste.,	(Number and Street, City 300, Alexandria,		703-29	mber (Including Area Code) 9–8390
Address of Principal Business Oper (if different from Executive Offices		(Number and Street, City	y, State, Zip Code)	Telephone Nu	mber (Including Area Code) CESSED
Brief Description of Business				Α	PR 0 4 2007 E
Type of Business Organization		rtnership, already formed rtnership, to be formed	⊠ other (p limi	lease specify): ted liabil	тномson i ЕŅANGMpany
Actual or Estimated Date of Incorporation or Organization of Incorporation or Organization	ganization: (Enter two				
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making a 77d(6).	an offering of securitie	s in reliance on an éxemption (under Regulation D o	r Section 4(6), 17 (CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be fil and Exchange Commission (SEC) o which it is due, on the date it was n	on the earlier of the da	te it is received by the SEC at	the address given be	A notice is deem slow or, if received	ed filed with the U.S. Securities I at that address after the date on
Where To File: U.S. Securities and	Exchange Commissi	on, 450 Fifth Street, N.W., W	ashington, D.C. 205	549.	
Copies Required: Five (5) copies o photocopies of the manually signed			ch must be manually	signed. Any cop	ies not manually signed must be
Information Required: A new filing thereto, the information requested in not be filed with the SEC.					
Filing Fee: There is no federal filing	ng fee.				
State: This notice shall be used to indicat ULOE and that have adopted this are to be, or have been made. If a accompany this form. This notice this notice and must be completed	form. Issuers relying state requires the pa shall be filed in the	on ULOE must file a separa yment of a fee as a precondi appropriate states in accorda	te notice with the S tion to the claim for nce with state law.	ecurities Adminis the exemption, a	strator in each state where sales fee in the proper amount shall
		ATTENTION		····	
Failure to file notice in the appropriate federal notice will filing of a federal notice.	appropriate states vill not result in a	s will not result in a loss loss of an available state	of the federal ex e exemption unle	emption. Conv ss such exempt	ersely, failure to file the lion is predictated on the
Perso	ns who respond to	the collection of informa	ation contained in	n this form are r	not

required to respond unless the form displays a currently valid OMB control number.

学想了《美国》		A BASIC IDE	NTIFICATION DATA	经验	made the state of
 Each beneficial own Each executive offi 	ne issuer, if the issuer having the power and director of	uer has been organized wi er to vote or dispose, or dir	othin the past five years; ect the vote or disposition of corporate general and man	of, 10% or more of aging partners of p	a class of equity securities of the issu partnership issuers; and
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☑ General and/or Managing Partner
ull Name (Last name first, it Kathryn Morris					
usiness or Residence Addres		Street, City, State, Zip Co Suite 300, Ale		2314	
heck Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i Dan Sondhelm	f individual)				
usiness or Residence Addre	ss (Number and ax Street,	Street, City, State, Zip Co Suite 300, Ale	exandria, VA 2	2314	
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i	f individual)	<u> </u>			-
usiness or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	<u></u>	
theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first,	if individual)				
usiness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	1 Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip C	Code)	<u></u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	<u></u> 			
Business or Residence Addi	ress (Number an	d Street, City, State, Zip (Code)	<u> </u>	
	(Use b	lank sheet, or copy and us	e additional copies of this	sheet, as necessar	y)

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1 11 41					N 4	:		4L: CC:	0		Yes	No
I. Has the	e issuer sold	i, or does tr									k	
2. What i	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							500				
											Yes	No
	he offering [\mathbf{x}
commi If a per or state	the informat ssion or simi son to be lis es, list the na er or dealer,	ilar remune ted is an ass me of the b	ration for s ociated pe roker or de	olicitation rson or ago aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in tl EC and/or	ne offering. with a state		
	(Last name : None	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)						<u> </u>
Name of A	ssociated Br	oker or De	aler						<u>.</u>			
G	u ·	*** 177	0.12.5.4	7 4 4-		D		 .				
	'hich Person c "All States										☐ All	l States
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AL IL	AK IN	[AZ]	[AR]	CA KY	[CO]	CT [ME]	DE MD	DC MA	FL)	[GA] [MN]	HI MS	ID MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR
Full Name	(Last name	first, if indi	ividual)									 .
Business of	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)			·			
Name of A	ssociated Br	oker or De	aler									
	hich Person											l Status
(Checi	k "All States	or check	individual	States)			***************************************		****!***********		∐ A⊔	I States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)		<u>-</u>						<u>.</u>	
<u> </u>	D	4.44		.t. C4	314. C4-4- 1	7:- C- 1-)						
Business (or Residence	: Address (1	Number an	a Street, C	ity, State, i	Zip Code)						
Name of A	ssociated Br	oker or De	aler				·				- 	
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All States	s" or check	individual	States)						•••••	□ Al	I States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[IL]	IN	IA	KS	(KY)	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM) UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	• •		A manual Alma d	
	Type of Security	Aggregate Offering Price		Amount Already Sold	
	Debt	\$		\$	
	Equity	\$		\$	
	Common Preferred				
	Convertible Securities (including warrants)				
	Partnership Interests	\$		\$	
	Other (Specify membership interests				
	Total	<u>\$</u> 225,000		<u>\$ 225,000</u>	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Agamagata	
		Number Investors		Aggregate Dollar Amount of Purchases	
	Accredited Investors	2	_	\$ <u>215,000</u>	
	Non-accredited Investors	3		\$ <u>10,000</u>	
	Total (for filings under Rule 504 only)	5		<u>\$ 225,000</u>	
	Answer also in Appendix, Column 4, if filing under ULOE.	·			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			•	
	T	Type of		Dollar Amount	
	Type of Offering	Security		Sold • O	
	Rule 505		.	J	
	Regulation A		_	\$ 0	
	Rule 504			\$ 225,000	
	Total		_	\$ 225,000	
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	*****		\$	
	Printing and Engraving Costs	*************		\$	
	Legal Fees	•••••	X	\$_5,000	
	Accounting Fees	•••		\$	
	Engineering Fees	••••		s	
	Sales Commissions (specify finders' fees separately)	•••••		\$	
	Other Expenses (identify)	••		\$	
	Total		一 図	\$ 5.000	

ar p 5. In each	Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross rocceds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and heck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross rocceds to the issuer set forth in response to Part C — Question 4.b above.	Pouments to	<u>\$ 220,000</u>
e: cl	ach of the purposes shown. If the amount for any purpose is not known, furnish an estimate and heck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross	Payments to	
		Doumants to	
		Payments to Officers, Directors, & Affiliates	Payments to Others
S	alaries and fees	<u></u>	. 🗆 \$
P	urchase of real estate] \$	
	rurchase, rental or leasing and installation of machinery	- •	r-1 e
	nd equipment		
	_	_]	
0	Acquisition of other businesses (including the value of securities involved in this aftering that may be used in exchange for the assets or securities of another assets or securities of another assets.	ר\$	□\$
	epayment of indebtedness	-	
ν	Vorking capital] \$	x \$ 220,000
C	Other (specify):		
_		,	•
_	<u></u>] \$	\$
C	Column Totals		
T	otal Payments Listed (column totals added)	⊠ \$ <u>2</u> ;	20,000
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)